



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003661/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 794P	Veh. Inspected	SHD 8540P
Policy No.	5091984721	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/02/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	14/02/2018	Inspection Date	21/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2018 19:01"/>						
Vehicle No.(For Motor)	<input type="text" value="SJP794P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091984721	ALCP CAPITAL	53326616E	GPC	drivo CLASSIC	SJP794P	SJP794P	19/06/2017	18/06/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983576-002	COMFORT TRANSPORTATION PTE LTD	SHD 4024P	SKN 8240S	15/2/2018	23:10	\$ 3,560.32
2	MT/0984020-001	SMRT BUSES LTD	SMB 204P	SKE 9858B	29/11/2017	19:45	\$ 5,738.98
3	Not OI	COMFORT TRANSPORTATION PTE LTD	SHA 2884C	SJA 1679L	14/2/2017	9:25	\$ 2,700.23
4	MT/0983120-002	CITY CAB PTE LTD	SHC 924Z	XD 7245J	15/2/2018	9:20	\$ 4,406.92
5	MT/0981887-002	COMFORT TRANSPORTATION PTE LTD	SHD 4934M	SKU 4830D	10/2/2018	15:05	\$ 1,642.00
6	MT/0983380-002	COMFORT TRANSPORTATION PTE LTD	SHB 4346X	SKR 659A	23/2/2018	11:00	\$ 2,317.40
7	MT/0983670-002	CITY CAB PTE LTD	SHC 890L	FV 8454J	22/2/2018	11:00	\$ 8,805.04
8	MT/0982907-002	CITY CAB PTE LTD	SHB 3991P	GBF7872Z	20/2/2018	12:55	\$ 6,426.40
9	MT/0981697-002	COMFORT TRANSPORTATION PTE LTD	SHA 4890X	FBA 7842L	5/2/2018	13:50	\$ 5,888.52
10	MT/0982522-002	CITY CAB PTE LTD	SHD 8540P	SJP 794P	14/2/2018	16:40	\$ 3,913.44
11	MT/0983112-002	COMFORT TRANSPORTATION PTE LTD	SHD 4270U	SKX 1997K	20/2/2018	17:00	\$ 2,256.96
12	MT/0983124-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SGV 7511Y	21/2/2018	0:15	\$ 1,896.56
13	MT/0984051-001	COMFORT TRANSPORTATION PTE LTD	SHC 8670C	FBH 3132S	21/2/2018	6:45	\$ 5,361.42
14	MT/0982643-002	COMFORT TRANSPORTATION PTE LTD	SHD 3491E	SJE 952H	16/2/2018	14:55	\$ 2,711.58
15	MT/0982261-002	COMFORT TRANSPORTATION PTE LTD	SHD 3001L	GBF 5312L	13/2/2018	14:25	\$ 3,200.56
16	MT/0982776-002	COMFORT TRANSPORTATION PTE LTD	SHA 6401L	SHD 1426H	15/2/2018	17:30	\$ 7,021.12
17	MT/0984057-001	CITYCAB PTE LTD	SHB 3600T	SFA 4774Y	15/2/2017	7:55	\$ 4,027.60

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 15/02/2018 10:46
 Date Of Accident 14/02/2018 16:40
 Exact Location Of Accident CAIRNHILL RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD8540P
Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 Email Address FLEETSAFETY@CDGTAXI.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI
 Model I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
 Vehicle Category TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number D-18088937MFSH
 Cover Note Number

Driver

Name of Driver SOH LIAN TECK
 NRIC No S1149747J
 Date Of Birth 10/11/1956
 Occupation OUTDOOR
 Date Of Driving Pass 21/06/1976
 Driving Experience 41 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 857 WOODLANDS STREET 83 #03-228
Postcode	370857
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP794P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

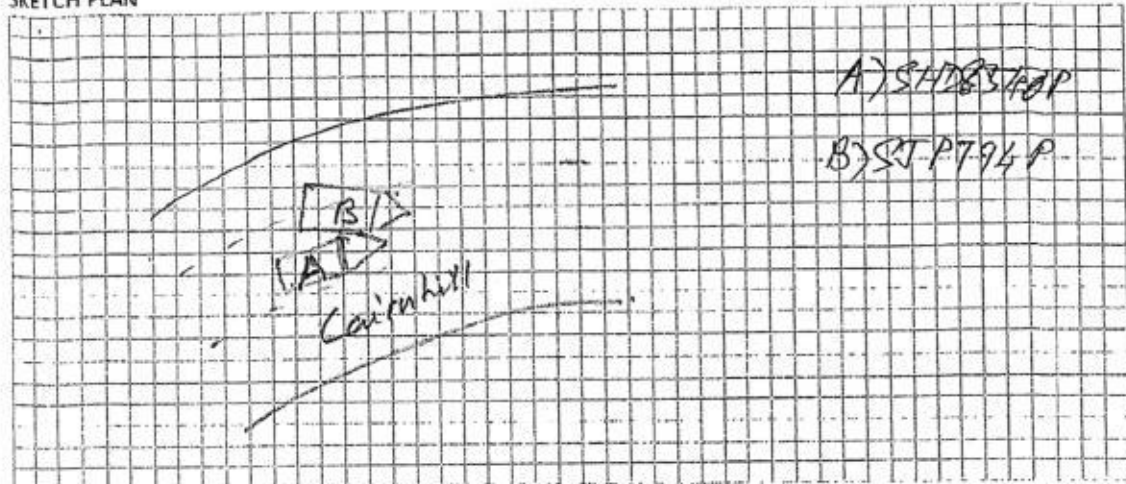
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我的 Taxi 从 CTE 上经 Hill 到 乌节路 靠近 AT Scott Hotel
 时向, 我 taxi 有走很慢, 当有面的车志时我也很慢行驶
 我有乘客. 突然我的左边突然 SJP 794-P 而且转向
 我的 lane, 还有记号, 我来不及停车所以撞上他的车
 右边 Mark 报警. 我要交换联络号码 他说不需, 抄下
 车牌. 哦, 我来不及拍照, 他怕我的就开走了.

DECLARATION

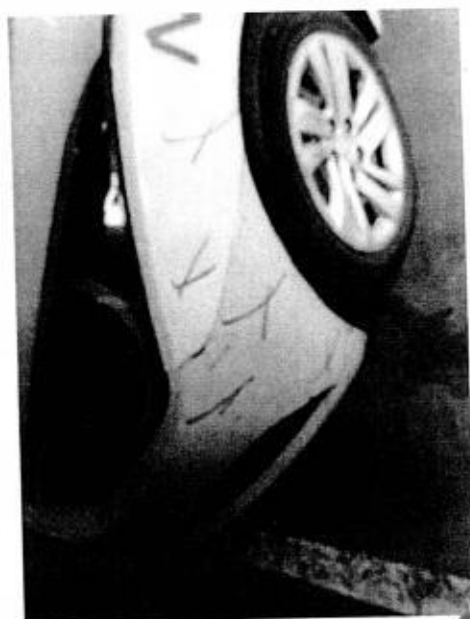
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Translated By: *Xiao Dan*
 Reporting Centre Personnel's Signature
 Name: *R M Dorthy*
 NRIC/FIN No: *CSO*



Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO: 305118386

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 L (R) (P) (O)	REGN NO: SHD8540P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN 21.02.2018 09:45
	YR OF MANU: 12.05.2016	TARGET DATE
	CHASSIS CODE: KMHLB41UMGU089086	COMPLETION DATE/TIME:

SCOUNT CARD NO.:

Accident Date: 14.02.2018
NATURE: 3P 14.02.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____		_____	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
e: to: File No.: SHD8540P CHIANG		Vehicle No.: SHD8540P	
ie of Service Advisor		Name of Service Advisor	
Signature/Date		Date	
a returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8540P

DATE 21/2/2018 10:46

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover - <i>Detrend</i>			\$ 1,052.20
	Front Bumper Bracket (LH) <i>X see</i>			\$ 24.60
	Headlamp (LH) <i>X see</i>			\$ 1,388.00
	Front Fender (LH) - <i>Red</i>			\$ 619.00
	Front Fender Shield (LH) <i>X see</i>			\$ 169.80
	Frt Wheel Hub Cap <i>X see</i>			\$ 150.70
	SUB TOTAL			\$ 3,404.30
	LESS 20%			\$ 680.86
	DISCOUNTED TOTAL			\$ 2,723.44
	Frt Fender Advertisement Logo (LH) <i>see</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 <i>300</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	Frt Wheel Alignment			\$ 80.00 <i>X 11</i>
	TOTAL LABOUR			\$ 1,090.00
	ESTIMATE TOTAL			\$ 3,913.44
	<i>Ka/ur U/K</i>			
	<i>21/2/18 1840hrs</i>			
	<i>2 hrs</i>			
	<i>P/P</i>			
	<i>Before Paint p Lto</i>			
	<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>			
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305118386
REGN NO : SHD8540P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 21.02.2018 09:45
ACCIDENT DATE : 14.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0574-G	I40VC PANEL-FENDER LH#	1	619.00	20.00	495.20
0002 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76

SUB-TOTAL : 1,336.96

JOB NATURE

0000 20-05	FRT FENDER ADVERTISEMENT	100.00
0001 L	PANEL BEATING	300.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	360.00

SUB-TOTAL : 760.00

TOTAL : 2,096.96

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive, Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305118386
Date : 23/02/18

FINALIZATION FORM

To : LKK
Attn : KELVIN
Vehicle Reg No. : SHD8540P
Fax :
14/02/2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

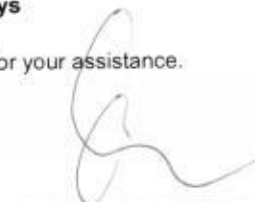
1. The repair job shall bill to: NTUC SJP794P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,336.96
 - (b) Labour Charges \$760.00
 - Total for Part-By-Part Repair Cost \$2,096.96**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kelvin
Date : 26/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003661/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-03-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 794P	Veh. Inspected	SHD 8540P
Policy No.	5091984721	Coverage (\$)	0.00
Claim No.	MT/0982522-002	Excess (\$)	0.00
Assign From		Assign Date	21/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089086	Colour	YELLOW
Odometer	183430	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	TRIANGLE	7 mm
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/02/2018	Inspection Date	21/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8540P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRT WHEEL HUB CAP	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-680.86	-334.24
			2,723.44	1,336.96
<u>SPECIAL NETT ITEMS</u>				
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		690.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
			1,090.00	660.00
GRAND TOTAL			3,913.44	2,096.96
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,096.96

Report Ref No. NS/INC18003661/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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